

Case Number:	CM13-0053879		
Date Assigned:	12/30/2013	Date of Injury:	04/29/2003
Decision Date:	03/12/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71-year-old employee with a date of injury of April 29, 2003. The employee carries diagnosis of chronic low back pain, lumbar radiculopathy, and lumbar spinal stenosis. The mechanism of injury occurred when bending over and moving milk flat. The patient has a history of anterior cervical fusion and lumbar laminectomy with medial facetectomy. A lumbar laminectomy of L2 through L5 levels was performed on May 16 2013. The patient underwent a lumbar MRI on 9/26/2013 which demonstrated multilevel decompressive laminectomy with impingement of the previously noted stenosis and development of small synovial cysts at L4-5 extending towards the lateral recess and abutting the left L5 nerve root. A utilization determination had denied the request for lumbar epidural steroid injection because "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical findings are not corroborated by the MRI findings."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Epidural steroid injection of the lumbar spine L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the California MTUS Guidelines, pg 46, 2010 Revision, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Additionally, the Chronic Pain Medical Treatment Guidelines state that one of the criteria's for ESI's, "...Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing". The medical records provided for review includes documentation in a progress note on December 18, 2013 of low back pain which radiates to the right lower extremity. Subjectively there is 10 out of 10 pain in the lower extremity. Objectively on physical examination motor testing is normal and sensory testing is decreased bilaterally in the anterior thighs. Reflexes were not noted. Gait was normal. A lumbar laminectomy of L2 through L5 levels was performed on May 16, 2013. The patient underwent a lumbar MRI on 9/26/2013 which demonstrated multilevel decompressive laminectomy with impingement of the previously noted stenosis and development of small synovial cysts at L4-5 extending towards the lateral recess and abutting the left L5 nerve root. The issue in this case is that the documentation of decreased sensation in the anterior thighs does not correlate with L5 dermatome. The MRI pointed to impingement at the L4-5 nerve root on the right, but the decrease in sensation in the anterior thigh corresponds with L2 or L3 dermatomes. Given that physical exam findings are not corroborated by imaging studies, this request cannot be supported. The request for an epidural steroid injection (ESI) of the lumbar spine L3-4 is not medically necessary and appropriate.